

Oct 15 07 10:45p

D.P. Bushby

713 299 7263

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To: Commissioner of Patents

Date: Oct 15, 2007

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RE: Revocation of Power of Attorney PTO/SB/82 (Attached)

Application Number: 10/817,172

Inventor: Donald P. Bushby

Examiner Name: Tarla R. Patel

Filing Date: 04/02/2004

Art Unit: 3772

Attorney Docket Number: Plantar Fasciitis

Inventor Telephone Number: 713-299-7263

Address: 1211 Nagle Street,
Houston, Texas 77003

PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 10/817,172 |
| Filing Date | 04/02/2004 |
| First Named Inventor | Donald P. Bushby |
| Art Unit | 3772 |
| Examiner Name | Tarla R. Patel |
| Attorney Docket Number | Plantar Fasciitis |

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I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

| | |
|--|------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Donald P. Bushby |
|--|------------------|

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-------------------------|-----------|--------------|
| Signature | <i>Donald P. Bushby</i> | | |
| Name | Donald P. Bushby | | |
| Date | October 15, 2007 | Telephone | 713-299-7263 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

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